

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information			
a. Full Name <i>Eddie Cathey for Sheriff</i>		c. ID Number <i>6jmapg</i>	
b. Mailing Address (include City, State and Zip Code) <i>3909 Halcyon Lane Monroe, NC 28112</i>		d. Date Filed <i>07/19/2019</i>	
		e. Phone Number <i>704-764-7439</i>	
2. Report Year <i>2019</i>	3. Period Start Date (mm/dd/yy) <i>01/01/2019</i>	4. Period End Date (mm/dd/yy) <i>06/30/2019</i>	5. Treasurer Full Name <i>Linda T. Broome</i>
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report <i>0</i>			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First National Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>For all campaign expenses</i>	c. Account Code <i>1</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 7072.75</i>		d. Period Begin Balance
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
<i>Linda T. Broome</i>		<i>Linda T. Broome</i>	
Printed Name of Signer		Signature of Appointed Treasurer	
		<i>07/19/2019</i>	
		Date	
FOR OFFICE USE ONLY			
Date Received: <i>7/19/19</i>	Employee: <i>[Signature]</i>	Delivery Method	
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned: <i>8/01/19</i>	Employee: <i>[Signature]</i>	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:	Employee:		
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment

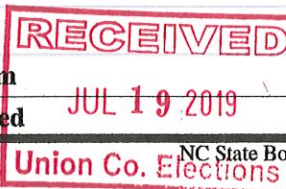
☐ Yes

☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Eddie Cathey for Sheriff		2019 Semi Annual	6jmapg
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 7072.75	\$ 354.37
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 580.00	
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 51,385.96	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 1,576.48	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 2,200.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 0	\$ 55,742.44	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 0	\$ 38,820.74	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 500.00	\$ 500.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 37.36	
15) Loan Repayments (CRO-1420)	\$ 0	\$ 1,700.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 8,465.96	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 0	\$ 49,024.06	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 6,572.75	\$ 6,572.75	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0		
25) Administrative Support (CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0	
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0	

CRO-1100



NC State Board of Elections

August 2008

Disbursements

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Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Eddie Cathey For Sheriff						6jmgg	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Stony Rushing P.O. Box 1415 Monroe, N.C. 28111 980-722-3787							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	D	03/05/2019	\$ 500.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$	
6. Total of ALL CRO-1310 Pages						\$ 500.00	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

RECEIVED
 JUL 19 2019
 Union Co. Elections